

RECEIVED
CENTRAL FAX CENTER
SEP 29 2008

FAX TRANSMISSION

DATE: September 29, 2008

PTO IDENTIFIER: Application Number 10/700,339-Conf. #5244
Patent Number

Inventor: Thomas A. Chodacki et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER & DODGE LLP

Peter F. Corless

PHONE: (617) 517-5557

Attorney Dkt. #: 57119(72011)

PAGES (Including Cover Sheet): 15

CONTENTS: Fee Transmittal (1 page)
Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Request for Continued Examination Transmittal (1 page)
Amendment
Charge \$3,040.00 to deposit account 04-1105
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5557 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 239-0100 Facsimile: (617) 227-4420

**RECEIVED
CENTRAL FAX CENTER****SEP 29 2008**

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/700,339

Attorney Docket No.: 57119(72011)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on September 29, 2008
Date

Signature

Peter F. Corless

Typed or printed name of person signing Certificate

33,860

Registration Number, if applicable

(617) 517-5557

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Request for Continued Examination Transmittal (1 page)

Amendment

Charge \$3,040.00 to deposit account 04-1105

RECEIVED
CENTRAL FAX CENTER

004/015

SEP 29 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

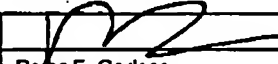
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/700,339-Conf. #5244	
		Filing Date November 3, 2003	
		First Named Inventor Thomas A. Chodacki	
		Examiner Name C. D. Price	
		Art Unit 3749	
TOTAL AMOUNT OF PAYMENT (\$) 3,040.00		Attorney Docket No. 57119(72011)	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
	FILING FEES		SEARCH FEES		EXAMINATION FEES																
		Small Entity		Small Entity		Small Entity															
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)														
Utility	310	155	510	255	210	105															
Design	210	105	100	50	130	65															
Plant	210	105	310	155	160	80															
Reissue	310	155	510	255	620	310															
Provisional	210	105	0	0	0	0															
2. EXCESS CLAIM FEES																					
							Small Entity														
Fee Description							Fee (\$)														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							210														
Multiple dependent claims							370														
							185														
<table style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>- 20 =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 20 =	x	=					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
- 20 =	x	=																			
HP = highest number of total claims paid for, if greater than 20.																					
<table style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>- 3 =</td> <td>x</td> <td>=</td> <td></td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 3 =	x	=								
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																		
- 3 =	x	=																			
HP = highest number of independent claims paid for, if greater than 3.																					
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table style="width: 100%;"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 100 =	/50 =	(round up to a whole number) x	=					
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
- 100 =	/50 =	(round up to a whole number) x	=																		
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month							2,230.00														
1801 Request for continued examination (RCE) (see 37 ...)							610.00														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,860
Name (Print/Type)	Peter F. Corless	Telephone	(617) 517-5557
		Date	September 29, 2008

BOS2 696653.1